



Name of Hotel: _____

Address: _____

Telephone _____ Fax _____

Toll Free: _____ Website _____

Number of Rooms: _____ Number of Suites _____ Meeting Rooms _____

General Manager: _____

Email _____ Direct # _____

Executive Asst. GM _____

Email _____ Direct # _____

Sales Manager: _____

Email _____ Direct # _____

Accounting/Controller: _____

Email _____ Direct # _____

F&B Director: _____

Email _____ Direct # _____

Catering Director: _____

Email _____ Direct # _____

Human Resource: _____

Email _____ Direct # _____

Dir. Of Engineering: _____

Email _____ Direct # _____

Lead Concierge: _____

Email _____ Direct # _____

Hotel Membership Annual Fee:
\$4.25 for each room under 150 rooms
\$1.75 per room over 150 rooms
\$200 flat fee for <50 rooms
Total: _____

(Your total here)

Payment Information:

Payment Method: Check Amex Visa MasterCard

Credit Card #: _____

Exp Date: _____ **CVV** _____ **Zipcode** _____

Cardholder's Name: _____

Signature _____

Email: _____

Please make checks payable to Greater Miami and the Beaches Hotel Association

Fax to: 305-531-8954 **Mail to:** GMBHA

Call 305-531-3553

Attn. Adison Heyne

1674 Meridian Ave. Suite 420

Miami Beach, FL 33139